



# STATE OF WASHINGTON SECRETARY OF STATE

Ralph Munro, Secretary of State

## APPLICATION TO FORM A NONPROFIT CORPORATION

(Per Chapter 24.03 RCW)

**FEE: \$30**

**EXPEDITED (24-HOUR) SERVICE AVAILABLE – \$20 PER ENTITY  
INCLUDE FEE AND WRITE “EXPEDITE” IN BOLD LETTERS  
ON OUTSIDE OF ENVELOPE**

FOR OFFICE USE ONLY

FILED: / /	UBI:
CORPORATION NUMBER:	

- Please PRINT or TYPE in black ink
- Sign, date and return original **and one copy** to:

CORPORATIONS DIVISION  
505 E. UNION • PO BOX 40234  
OLYMPIA, WA 98504-0234

- **Be sure to include filing fee.** Checks should be made payable to “Secretary of State”

**IMPORTANT!** Person to contact about this filing

Daytime Phone Number (with area code)

### ARTICLES OF INCORPORATION

NAME OF CORPORATION	(May contain designations such as “Association” “Services” or “Committee.” May <b>not</b> contain a corporate designation such as “Corporation” “Incorporated” or “Limited” or the abbreviation “Corp.” “Inc.” “Co.” or “Ltd.”)
EFFECTIVE DATE OF INCORPORATION	(Specified effective date may be up to 30 days <b>after</b> receipt of the document by the Secretary of State) <input type="checkbox"/> Specific Date: _____ <input type="checkbox"/> Upon filing by the Secretary of State
TERM OF EXISTENCE	(Check one box only) <input type="checkbox"/> Perpetual <input type="checkbox"/> _____ Years (Please indicate number of years)
PURPOSE FOR WHICH THE NONPROFIT CORPORATION IS ORGANIZED: (If necessary, attach additional information)	
IN THE EVENT OF A VOLUNTARY DISSOLUTION, THE NET ASSETS WILL BE DISTRIBUTED AS FOLLOWS: (If necessary, attach additional information)	

NAME AND ADDRESS OF WASHINGTON STATE REGISTERED AGENT		
Name _____		
Street Address (Required) _____ City _____ State _____ ZIP _____		
PO Box (Optional – Must be in same city as street address) _____ ZIP (If different than street ZIP) _____		
<b>I consent to serve as Registered Agent in the State of Washington for the above named corporation. I understand it will be my responsibility to accept Service of Process on behalf of the corporation; to forward mail to the corporation; and to immediately notify the Office of the Secretary of State if I resign or change the Registered Office Address.</b>		
Signature of Agent	Printed Name	Date

NAMES AND ADDRESSES OF EACH INITIAL BOARD DIRECTOR (If necessary, attach additional names and addresses)		
Name _____		
Address _____ City _____ State _____ ZIP _____		

NAMES AND ADDRESSES OF EACH INCORPORATOR (If necessary, attach names, addresses <u>and signatures</u> of each additional incorporator)		
Name _____		
Address _____ City _____ State _____ ZIP _____		

SIGNATURE OF INCORPORATOR			
<b>This document is hereby executed under penalties of perjury, and is, to the best of my knowledge, true and correct.</b>			
Signature of Incorporator	Printed Name	Title	Date